

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM**

1. I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73.

Practitioners associated with the Customer Number: **109669**

As attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignments documents attached to this form in accordance with 37 CFR 3.73.

2. Correspondence address:

Please recognize or change the correspondence address for the above-identified application to the above-referenced Customer Number.

3. Assignee Name and Address:

**EntreMed, Inc.
9640 Medical Center Drive
Rockville, Maryland 20850**

4. Signature of Assignee of Record. The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.

Signature:	<i>Cynthia W. Hu</i>	Date:	<i>November 16, 2012</i>
Name:	Cynthia W. Hu	Telephone:	<u>(240) 864-2781</u>
Title:	Authorized Representative of EntreMed, Inc. COO, General Counsel, & Secretary		